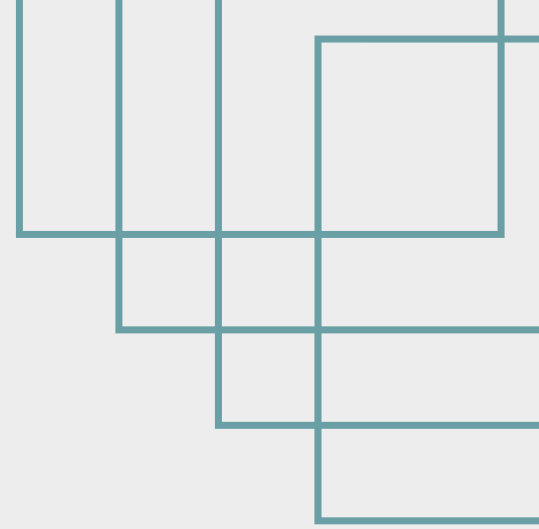
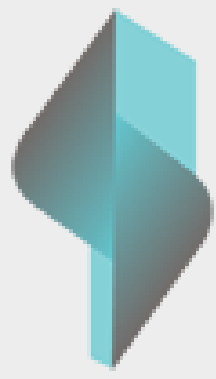


Considering the Whole Child: Development and Use of the Massachusetts Child and Adolescent Assessment Protocol (M-CAAP)

**Kevin Creedon, MA, LMHC and
Meg Bossong, MS**

**NSSBY, 2.26.25
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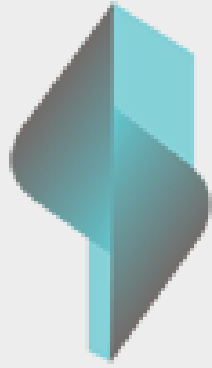


Objectives



- Describe the key components of the M-CAAP assessment protocol
- Articulate the benefits of using a whole-child framework to move beyond risk assessment to formulate appropriate treatment and case management decisions
- Identify opportunities for the M-CAAP to be used in individual practice and employed systemically to facilitate a more structured, thoughtful and consistent examination of an individual's risk and treatment needs





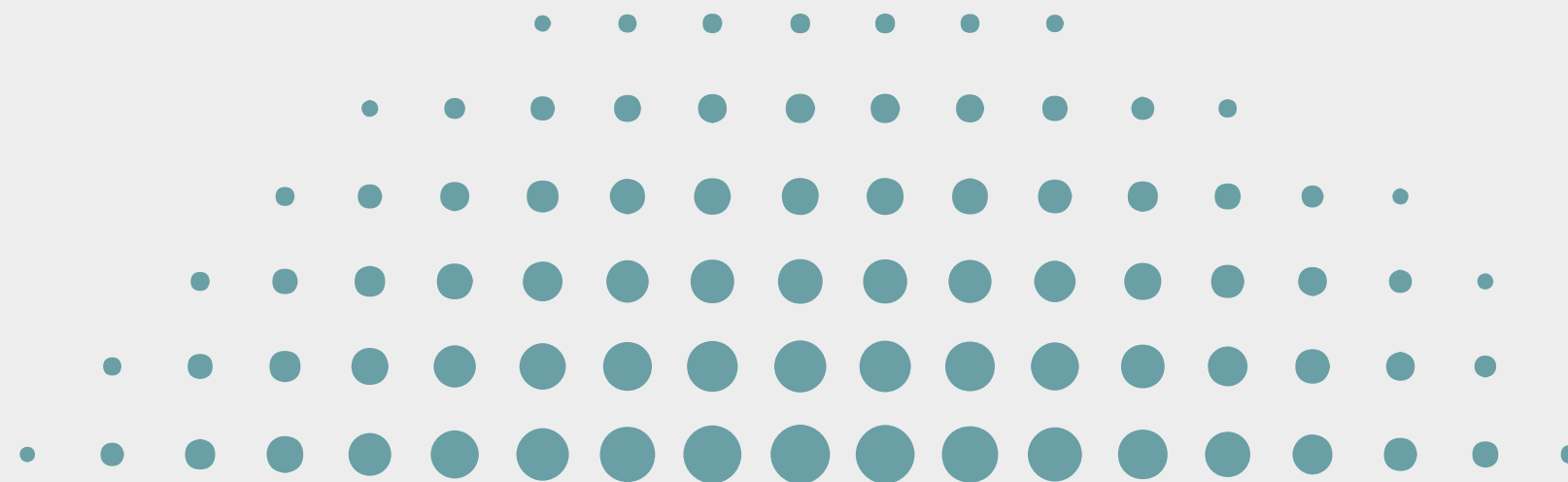
About Us

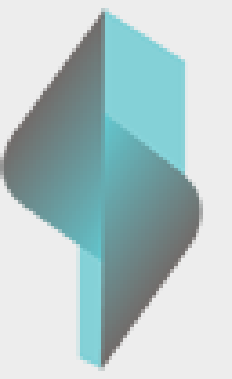


Kevin Creeden, MA LMHC



Meg Bossong, MS

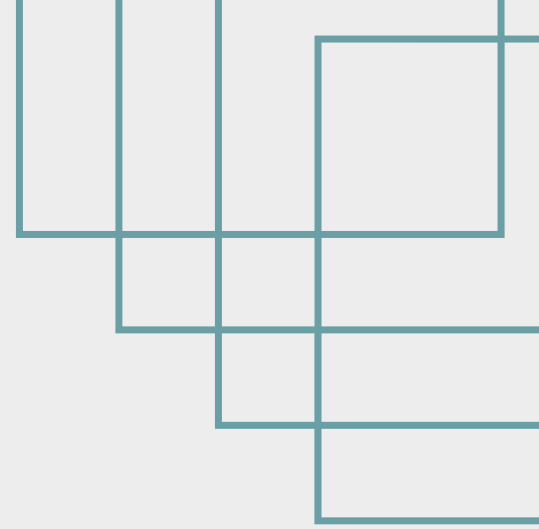




The M-CAAP: A brief history

- MA law requires an assessment for safe and appropriate placement (ASAP) for any child or youth with problem sexual behaviors or firesetting behaviors and who are being initially placed into the custody or care of the Department of Children and Families (or who are already in the care of DCF but who exhibit new PSB or firesetting behaviors)
- The early versions of the PSB ASAP (predecessor of the M-CAAP)
 - Provided the framework for basic assessment, but was limited in scope and depth
 - Had a narrow focus on sexual behavior and risk factors and did not support consistency across evaluators
- This statutory requirement is helpful but doesn't reach its full potential, leaving lots of opportunity for advocacy for whole-child assessment in other contexts

Who developed the M-CAAP and from what basis?



- A collective effort of the MASOC Board of Directors and friends, but especially Steve Bengis, Ed.D., Kevin Creeden, M.A., LMHC, Nancy Dias, M.A., LMHC, Monica Ferraro, Ph.D., Robert Kinscherff, Ph.D., J.D., Ron McKenzie, M.A., LMHC, and Phil Rich, Ed.D. LICSW
- Juvenile development and behavior are greatly influenced by family dynamics, peer groups, connection to school, involvement in prosocial activities and community factors. (Hackett, et al., 2022; Caldwell & Dickinson, 2009)
 - Risk and protective factors **emerge from** and are **embedded in** these interconnected systems.

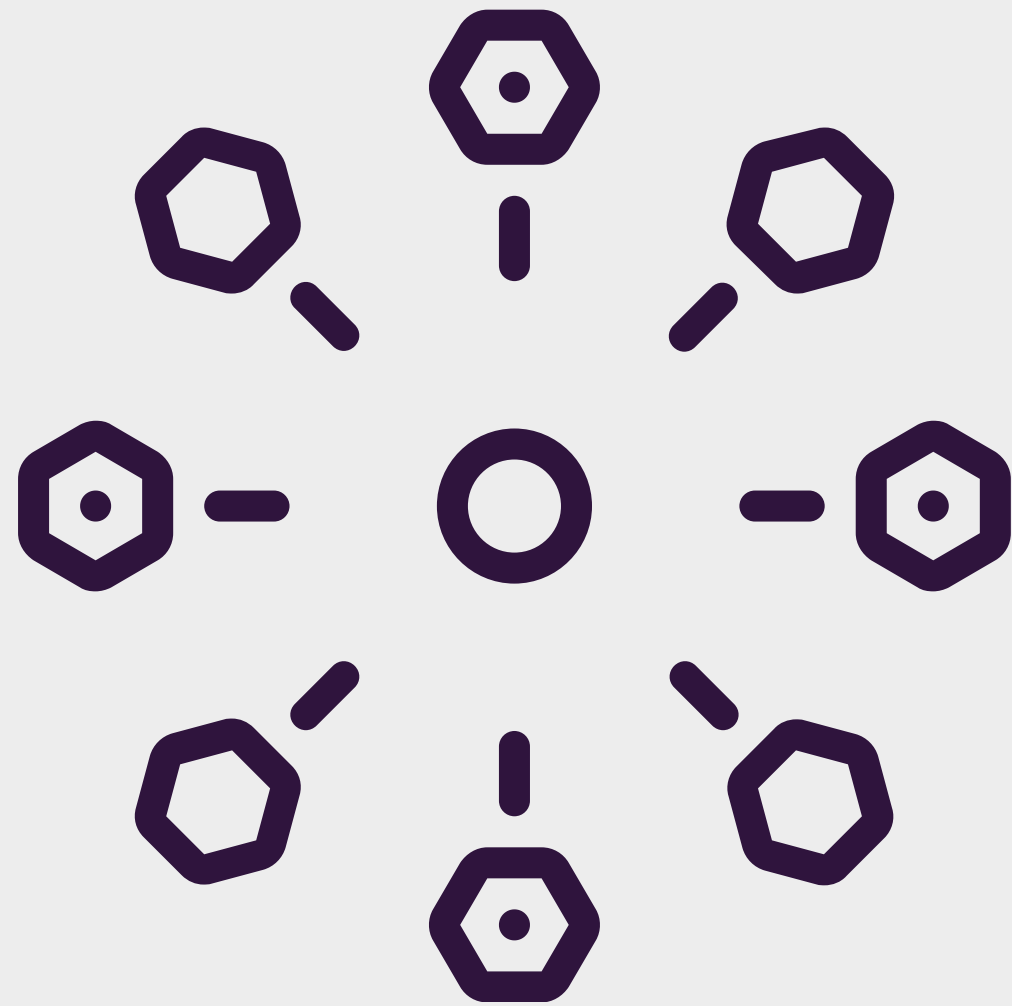
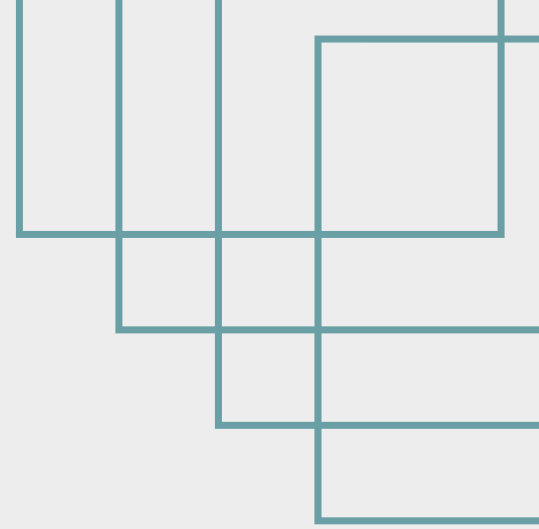
Comprehensive Assessment of Risk and Needs

“There is a consensus in the field that assessment of risk in juvenile offenders should include a comprehensive assessment of an array of individual and contextual factors.” (Caldwell & Dickinson, 2009)

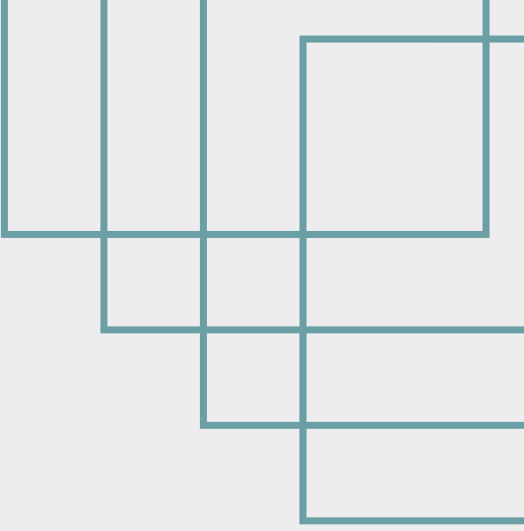
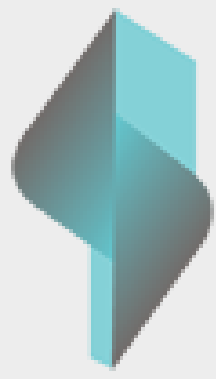


- Risk assessment and related consequences for an adolescent who has engaged in sexually abusive behavior “must not be” based on the use of a risk assessment instrument alone.
- It must integrate a comprehensive consideration of the adolescent’s severity of offenses and history of psychosocial adversities in order to provide interventions that match individual recidivism risks and needs. (Barra et al., 2018)

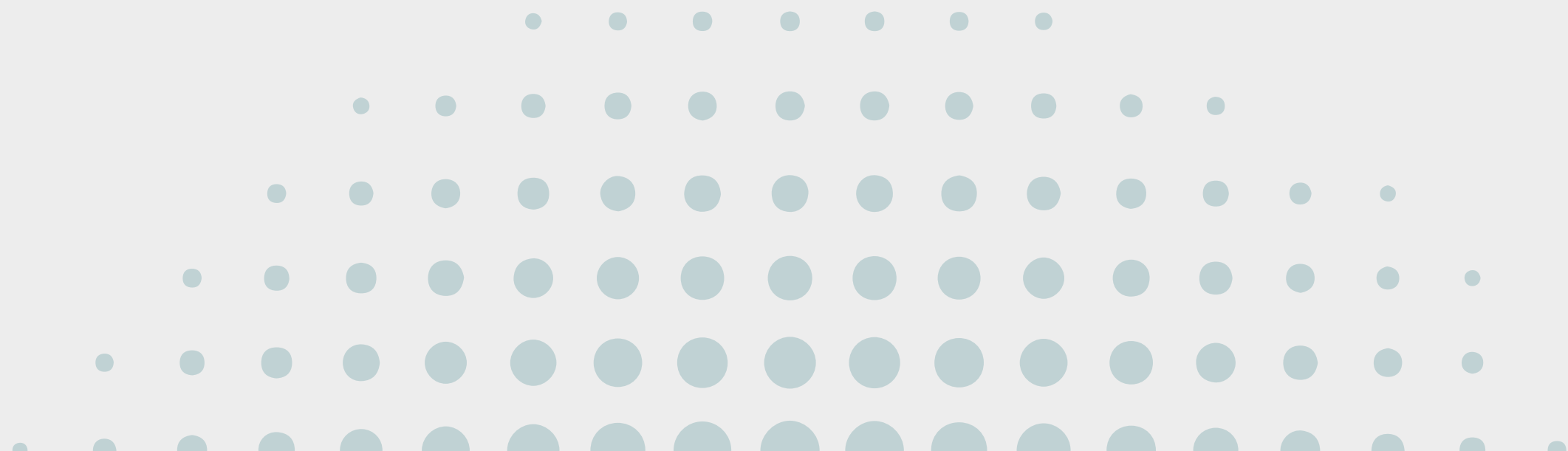
M-CAAP as a Comprehensive Tool

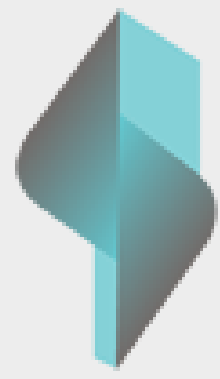


- The structure of the M-CAAP is designed to provide both comprehensive information upon which to base well-informed discussions of risk, treatment, and placement, and provide structure to the evaluation process itself.
- The evaluator is guided through the M-CAAP in order to gather and describe specific information about each case, on an individualized basis.
- **Time is a factor:** The M-CAAP evaluation, from start to report completion, is approximately 17-22 hours, depending on the volume of underlying information and thoroughness of the written report.



Comprehensive Assessment of Risks and Needs

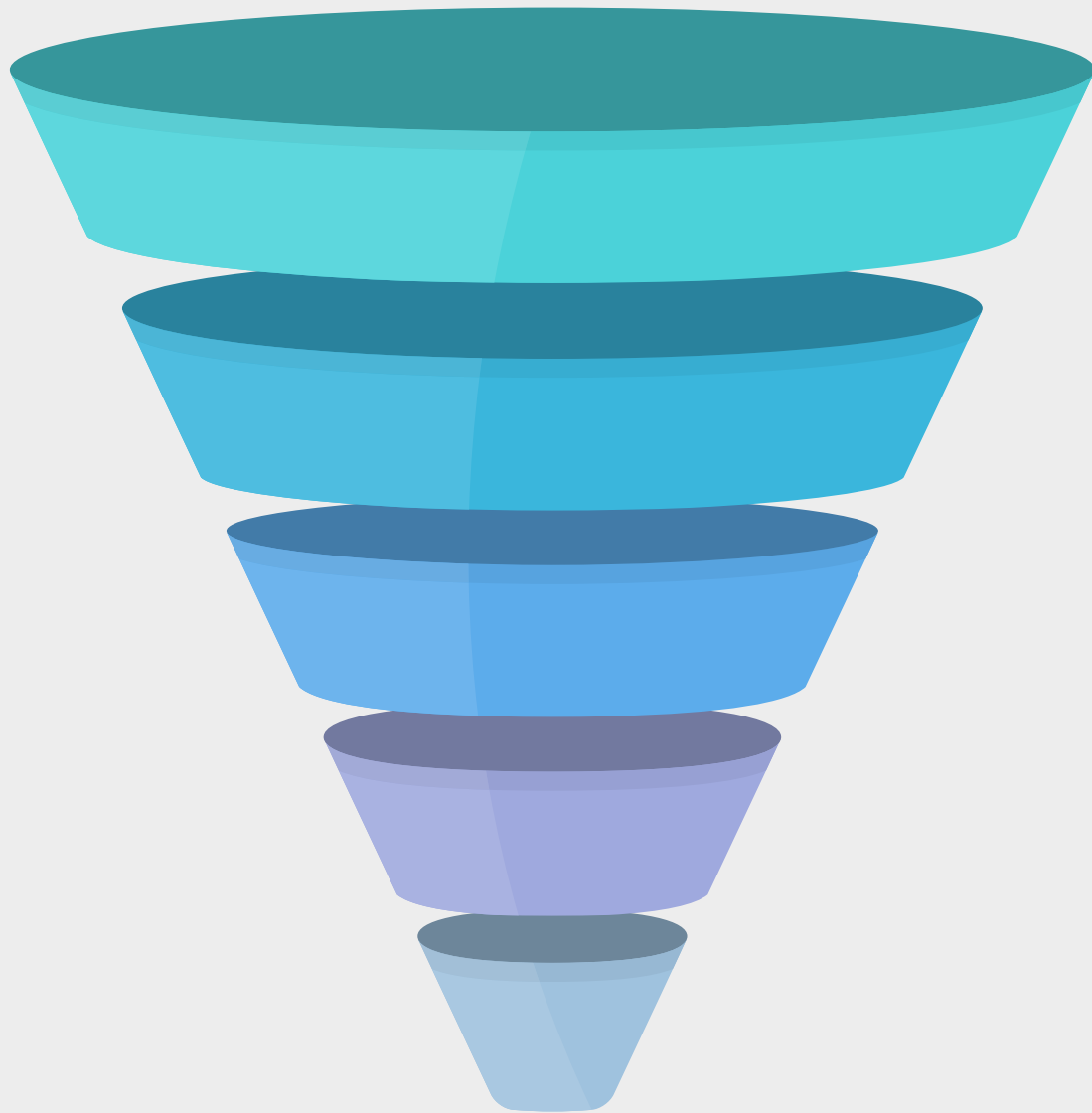
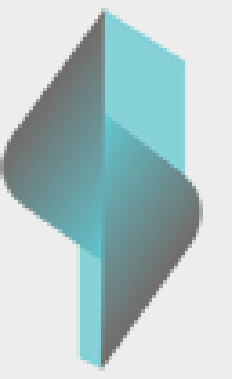




Conducting Comprehensive Assessments

- There is **no single way** to conduct and organize a comprehensive assessment.
- Similarly, there is **no universal structure** by which to understand and organize the assessment process.
- However, assessment is a **process with several distinct stages.**
- Each stage includes **structure, method, tasks, and content.**

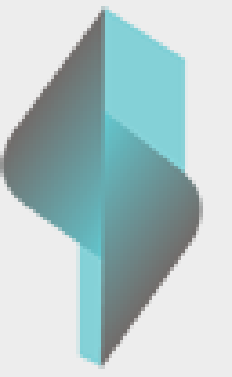
The Funnel of Assessment



- Ultimately, in a comprehensive assessment there are a series of stages to pass through
 - Data gathering
 - Data organization
 - Data consolidation
 - Data integration
 - Data interpretation
 - The assignment of meaning (addressing areas involving risk in the case of risk assessment)
 - The development of interventions



The Funnel of Assessment



Data Gathering

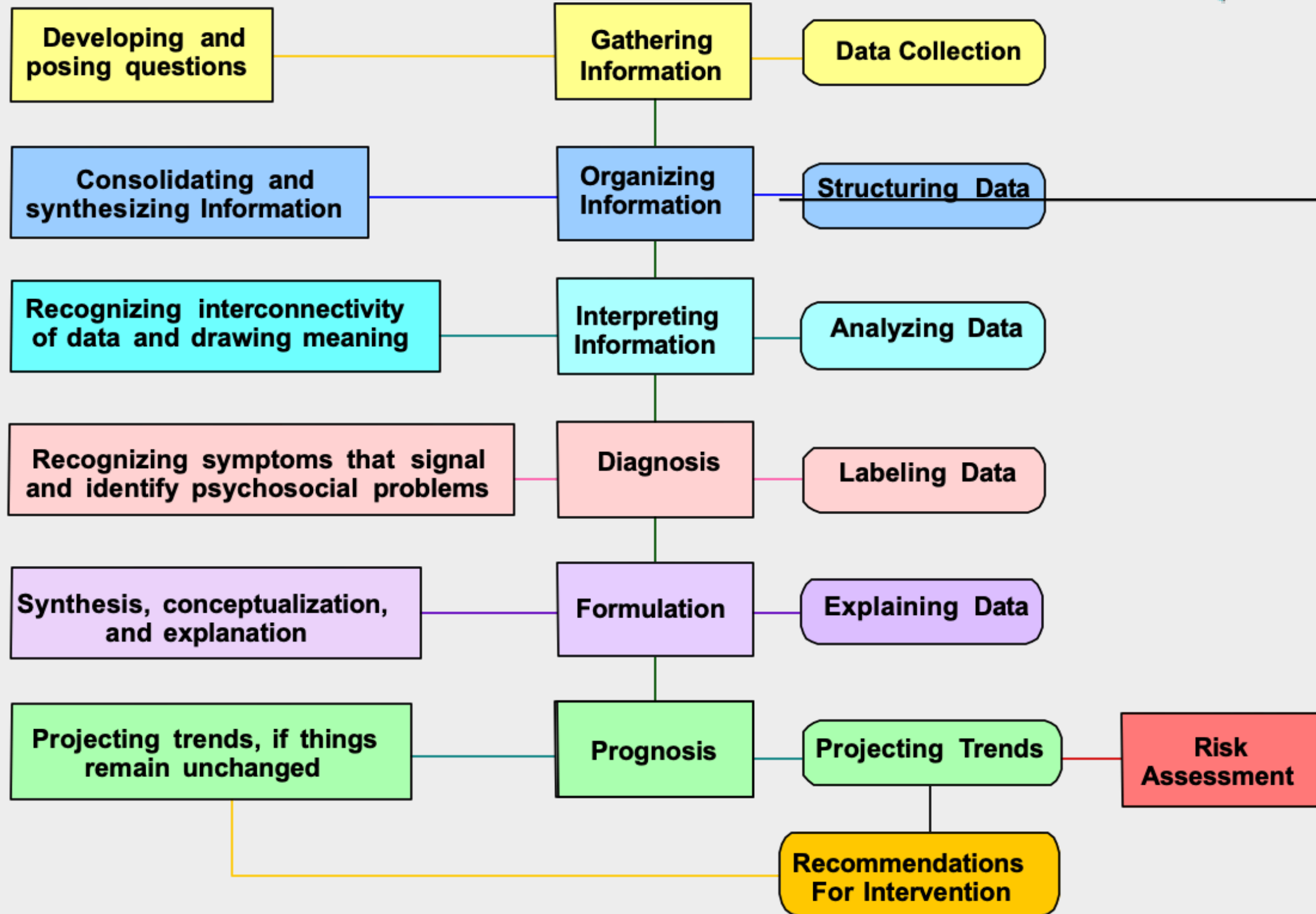
Data Organization

**Analysis &
Interpretation**

Diagnosis

Formulation

Prognosis



Psychosocial Assessment

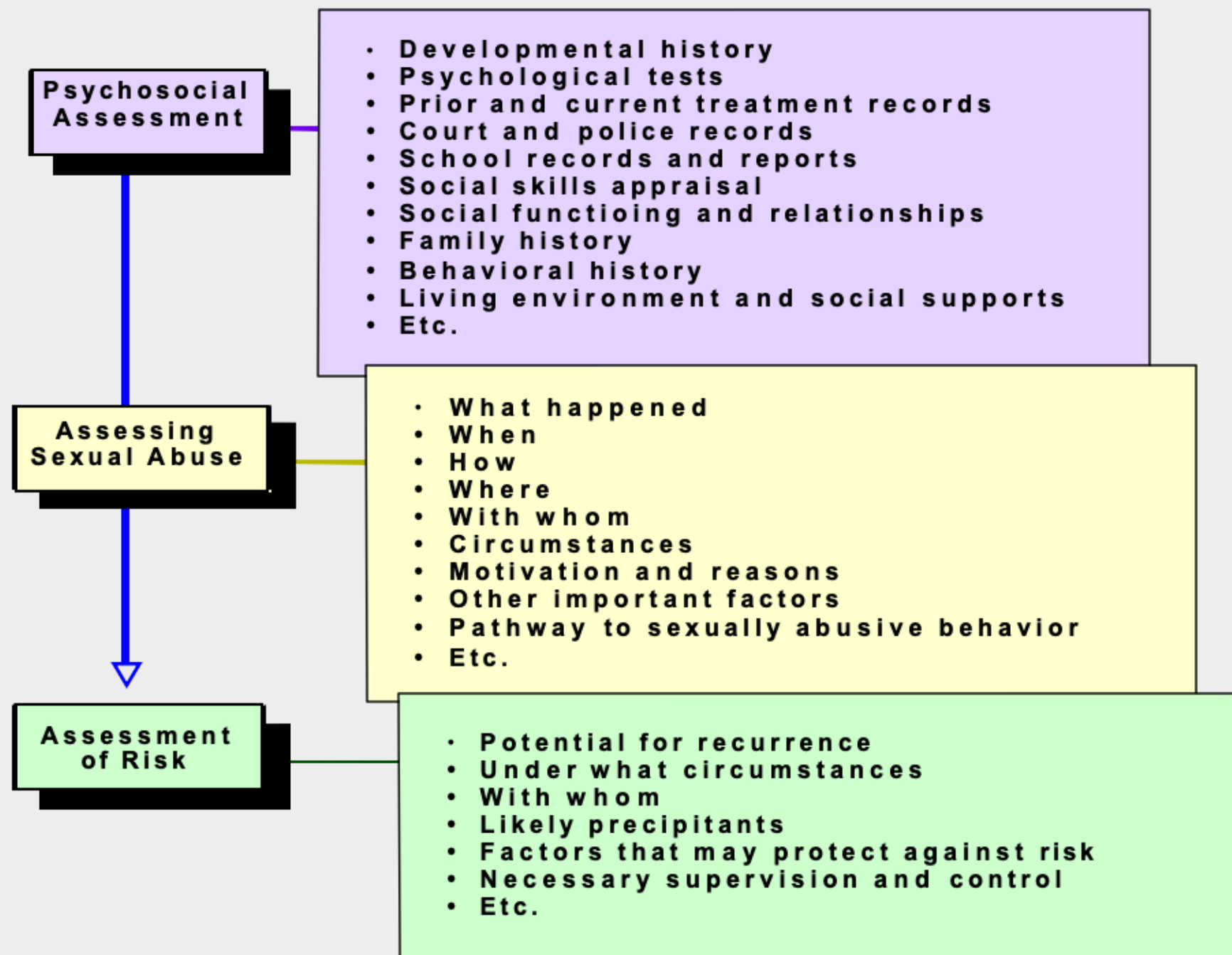
- **Developmental history**
- **Psychological tests**
- **Prior and current treatment records**
- **Court and police records**
- **School records and reports**
- **Social skills appraisal**
- **Social functioning and relationships**
- **Family history**
- **Behavioral history**
- **Living environment and social supports**
- **Etc.**

ASSESSMENT SEQUENCE



ASSESSMENT SEQUENCE

ASSESSMENT SEQUENCE



ASSESSMENT SEQUENCE

Psychosocial Assessment

- Developmental history
- Psychological tests
- Prior and current treatment records
- Court and police records
- School records and reports
- Social skills appraisal
- Social functioning and relationships
- Family history
- Behavioral history
- Living environment and social supports
- Etc.

Assessing Sexual Abuse

- What happened
- When
- How
- Where
- With whom
- Circumstances
- Motivation and reasons
- Other important factors
- Pathway to sexually abusive behavior
- Etc.

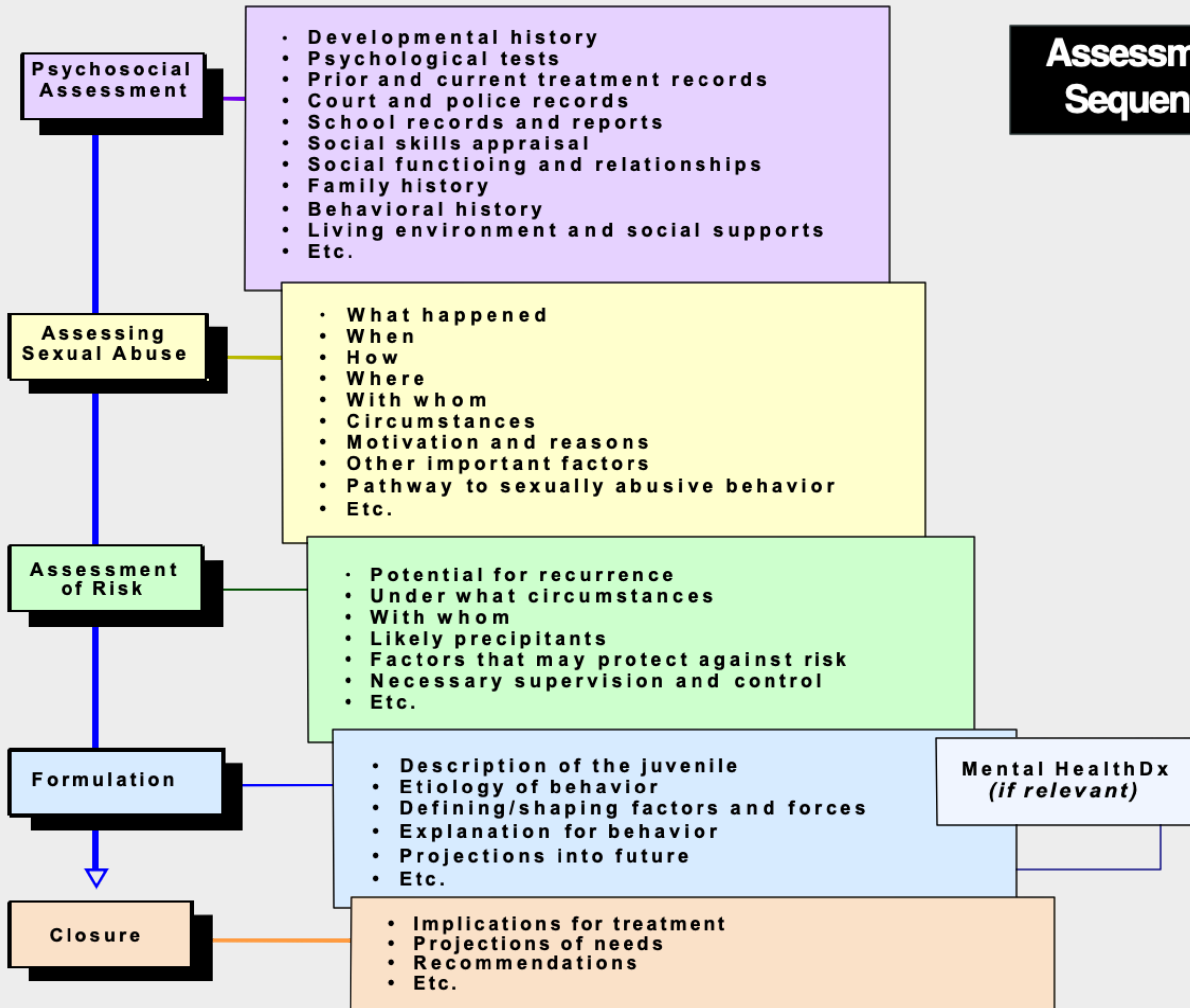
Assessment of Risk

- Potential for recurrence
- Under what circumstances
- With whom
- Likely precipitants
- Factors that may protect against risk
- Necessary supervision and control
- Etc.

Formulation

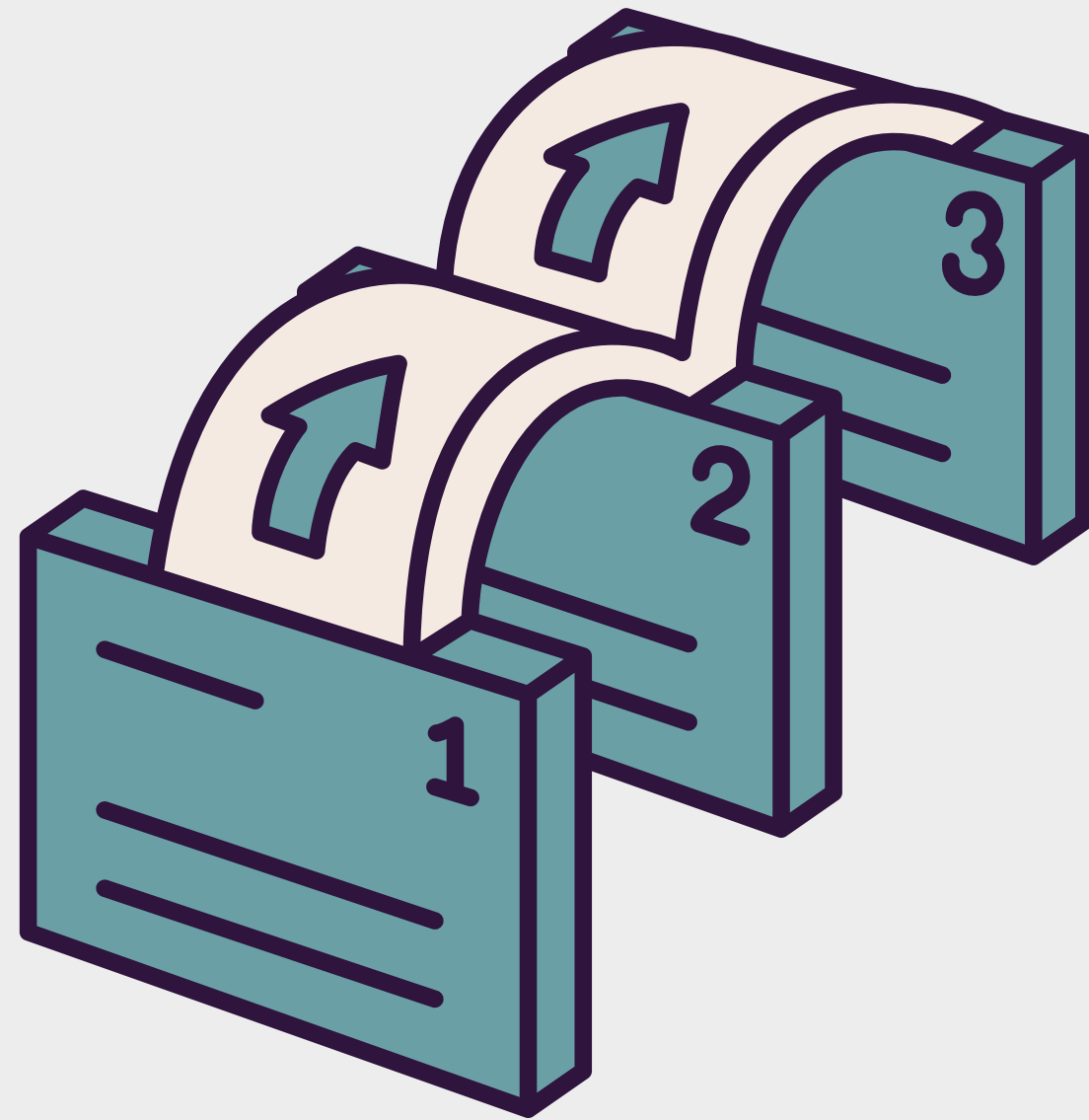
- Description of the juvenile
- Etiology of behavior
- Defining/shaping factors and forces
- Explanation for behavior
- Projections into future
- Etc.

Assessment Sequence



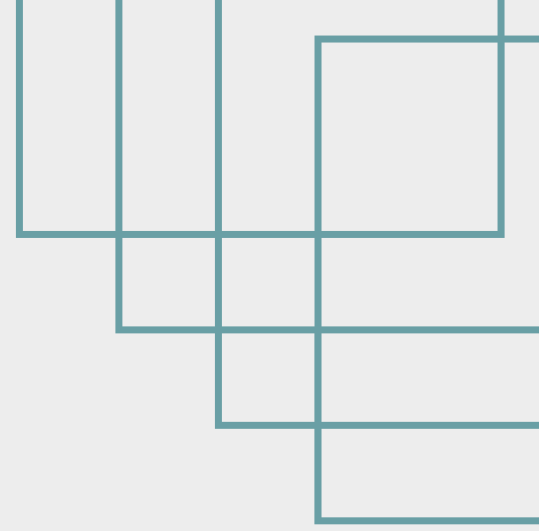
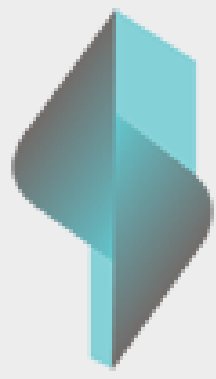
Phases of the Assessment Process

The M-CAAP conceptualizes the assessment process into 3 distinct phases



Thinking of the assessment in this way helps to further organize and structure the thinking and planning of the evaluator.

It also clearly assigns the primary tasks of assessment into a sequential order, even though there may be overlap between phases in some cases.



Phase 1:

Preparing for the Evaluation

- Develop a basic understanding of the case by **reviewing all available materials.**
- **Identify gaps in the record**, and request **and gather additional records** or information missing from the current record
- **Identify informants** with whom to speak
- Distribute and collect necessary **release of information and consent forms**

Phase 2: Active Assessment

The evaluator

- Fully engages with the young person and other related informants and parties
- Ensures that release of information forms are signed by the legal guardian and young person, if necessary
- Informs informants of confidentiality limits and the purpose of the evaluation
- Interviews the young person
- Interviews collateral informants
- Provides or arranges for additional testing that falls outside of record review, interviews, and observation
- Remains aware of the behaviors of the young person or important events that occur during this phase of the assessment, and which may have a bearing on the assessment process

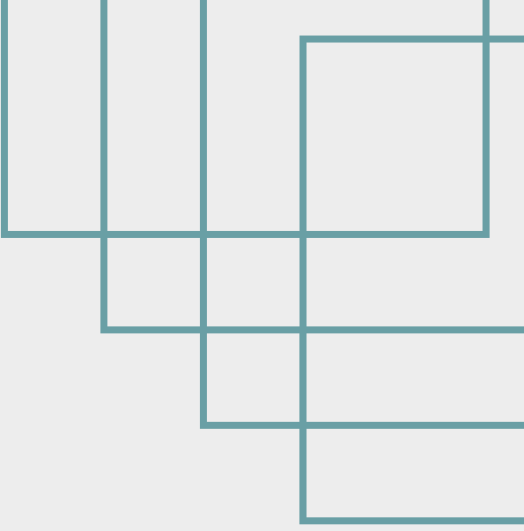
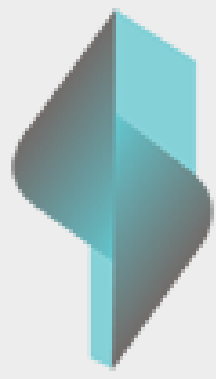


Phase 3: Writing the Evaluation Report

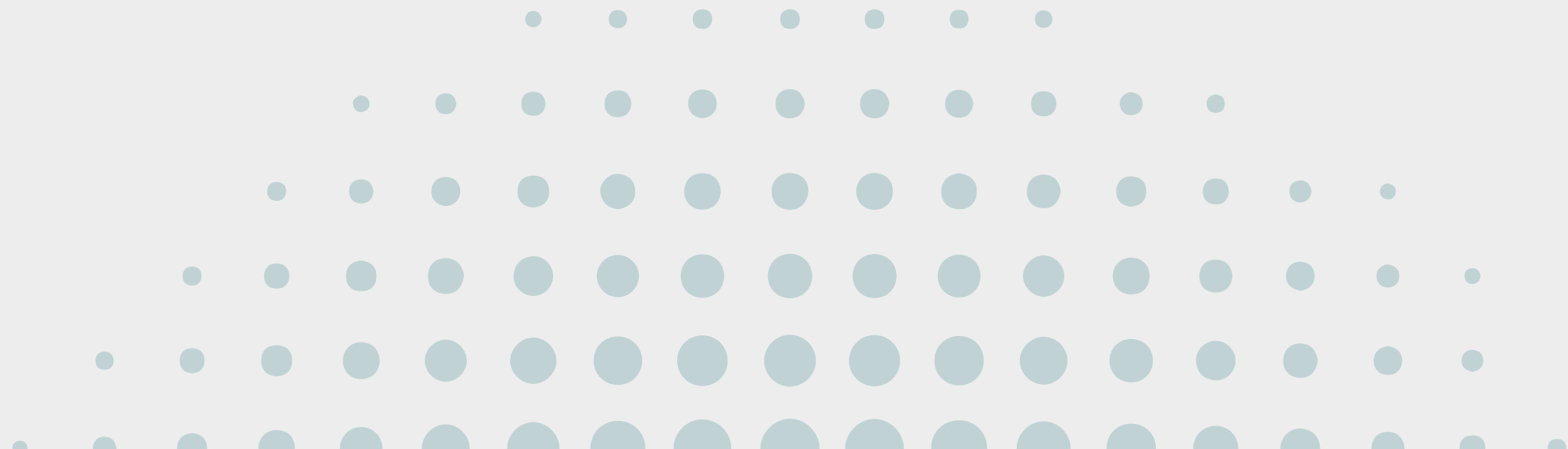
The written report

- Summarizes pertinent historical and current data
- Formulates hypotheses about the development of sexually problematic behavior
- Formulates a description of the psychological profile of the juvenile
- Formulates a description of the environment that shaped and influenced the juvenile's emotions, behavior, and ideation, and in which sexually problematic behavior developed and eventually occurred
- If relevant to the particular assessment format, identifies diagnoses that address co-occurring psychiatric or substance abuse disorders
- **Addresses risk, need and protective factors for continued problematic or harmful behavior**
- Proposes treatment needs and identifies suggested treatment goals





Case Formulation



Components of Case Formulation



```
graph LR; A((Components of Case Formulation)) --- B(History (with focus on factors related to target behavior)); A --- C(Narrative portrait characterizing the youth); A --- D(Summary of assessment DATA); A --- E(Summary of assessment INFERENCES FROM DATA); A --- F(Summary of assessment: OPINIONS BASED ON INFERENCES); A --- G(Summary of recommendations BASED ON OPINIONS);
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History (with focus on factors related to target behavior)

Narrative portrait characterizing the youth

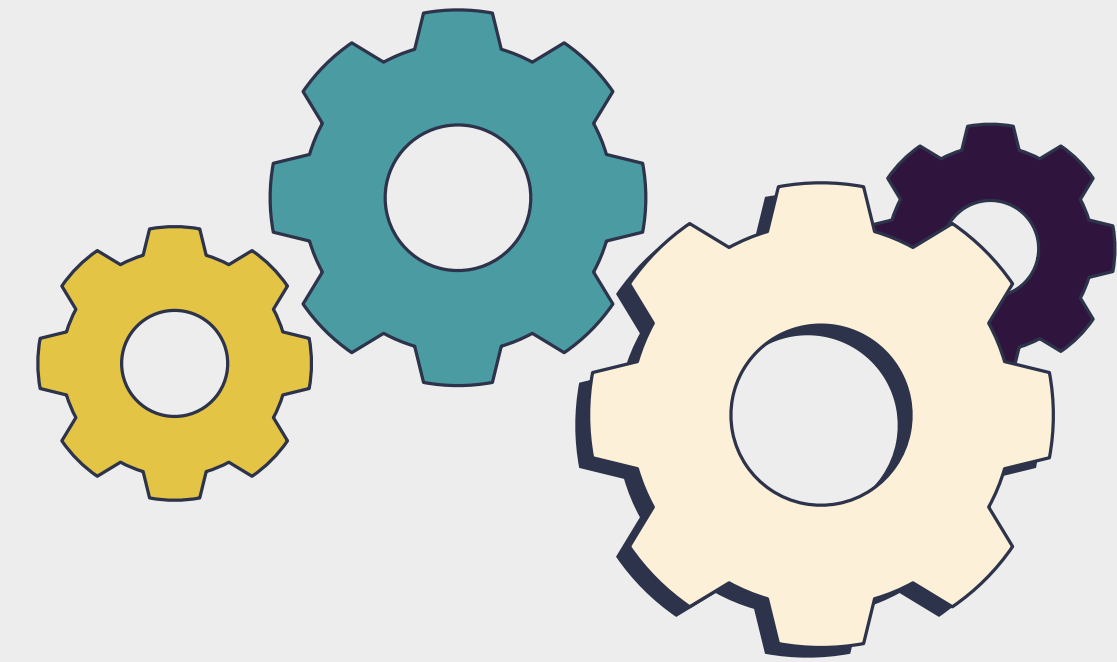
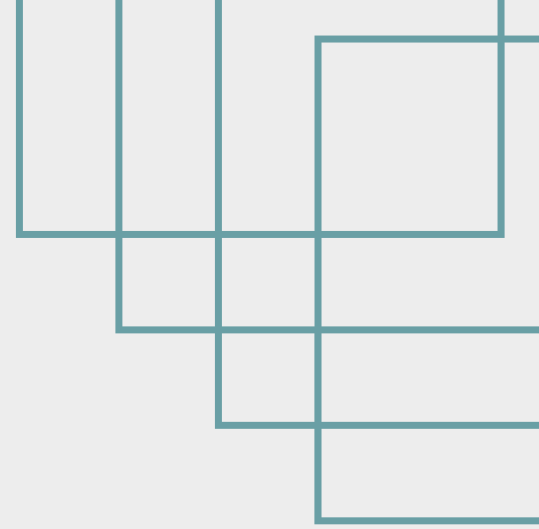
Summary of assessment DATA

Summary of assessment INFERENCES FROM DATA

Summary of assessment: OPINIONS BASED ON INFERENCES

Summary of recommendations BASED ON OPINIONS

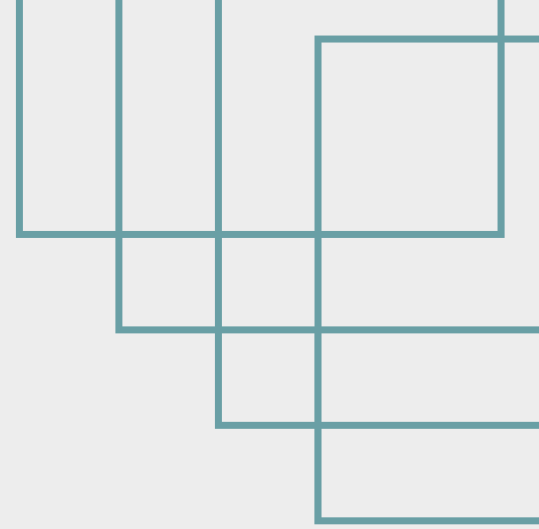
Components of Case Formulation



Articulation of:

- Predisposing Factors (Vulnerabilities, including static factors)
- Precipitating Factors (Factors driving risk trajectory towards manifestation)
- Perpetuating Factors (Factors maintaining or aggravating target behavior)
- Protective Factors (Factors providing protection, resilience)

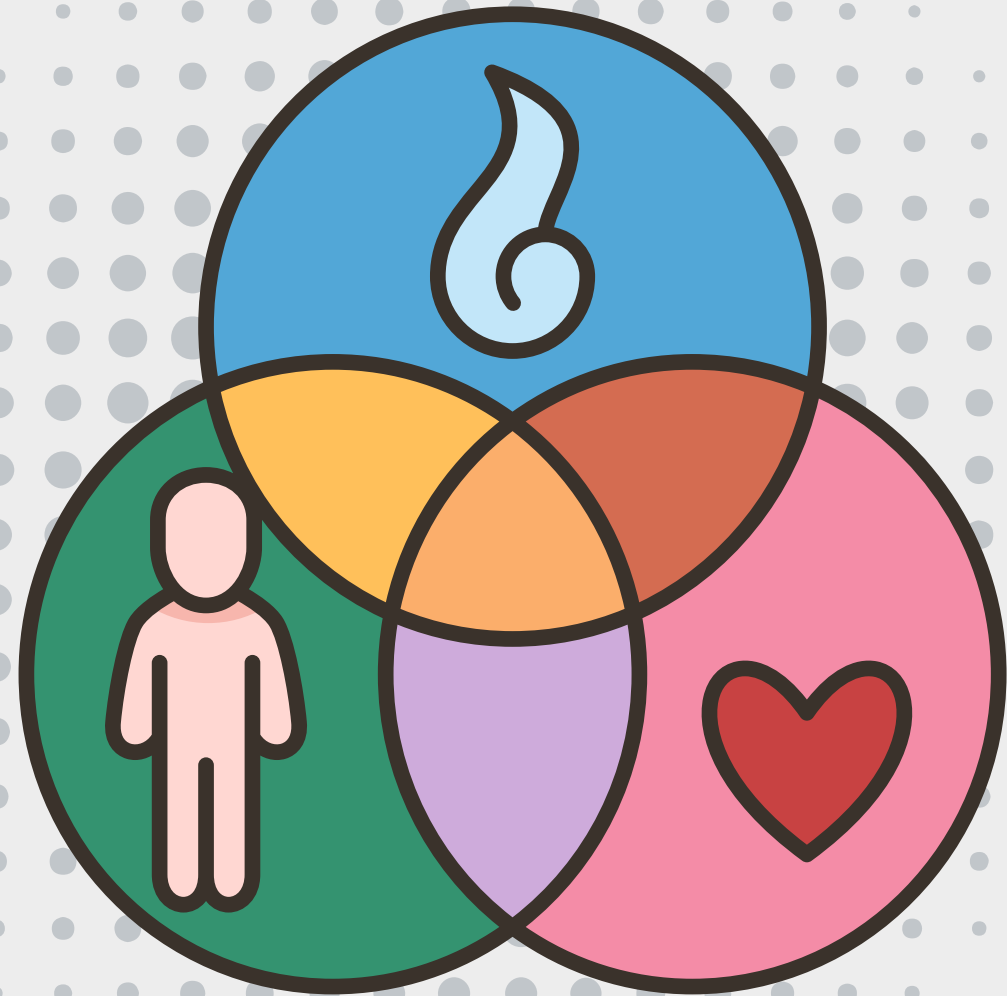
Components of Case Formulation



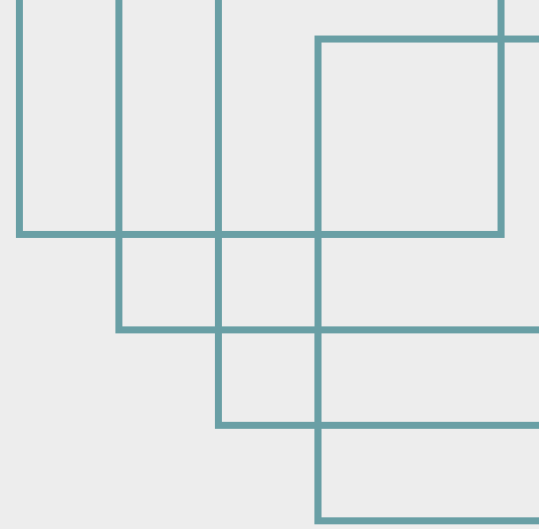
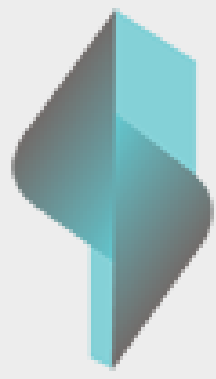
Individualized by articulation of:

- Individual coping response style(s)
- Contextualization of highest and lowest risk scenarios for target behavior
- Points for prioritized intervention (individual, family, peer, community, other)
- Any history of periods of adequate functioning
- Responses to intervention

Creating Opportunities for Whole Child Assessment



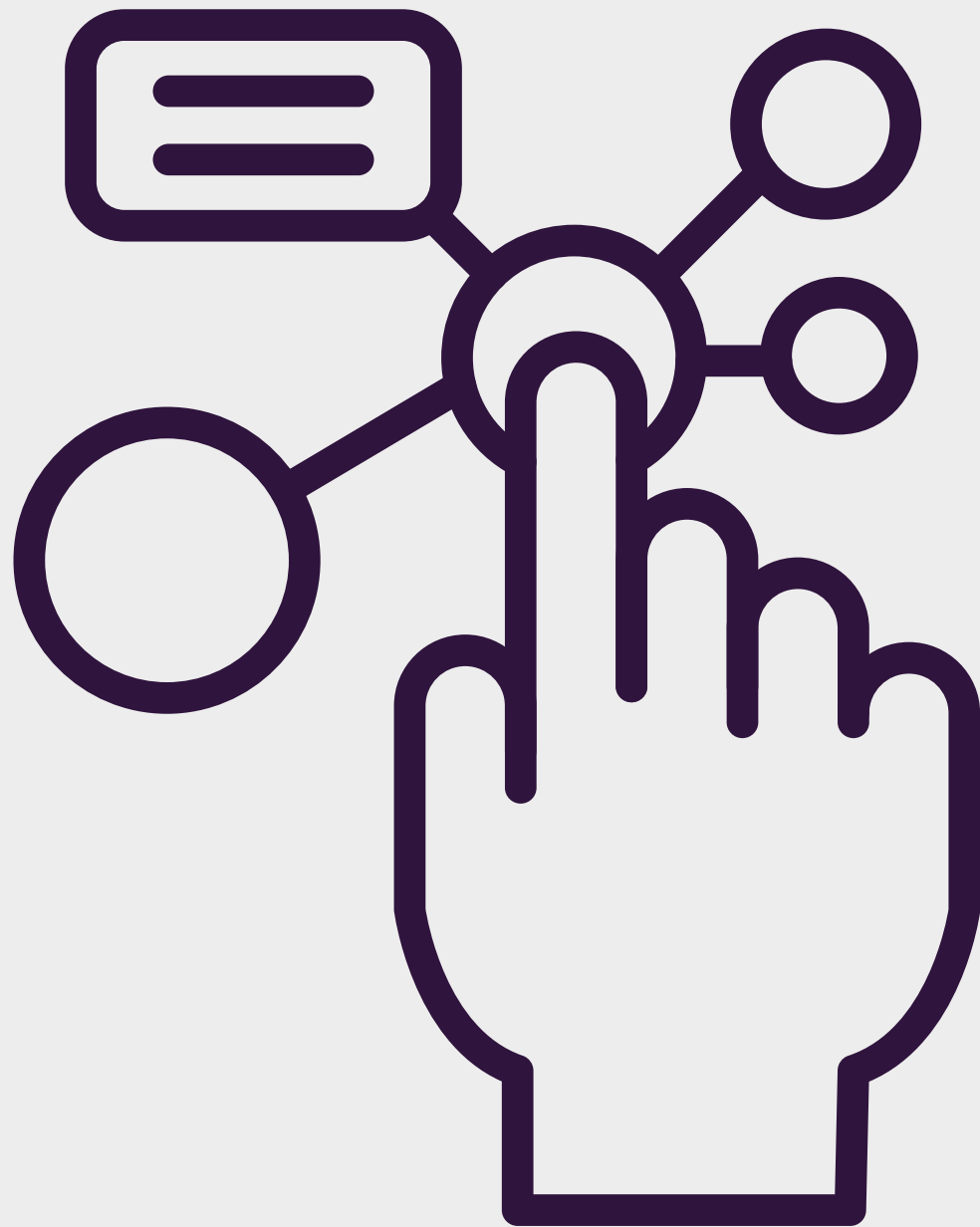
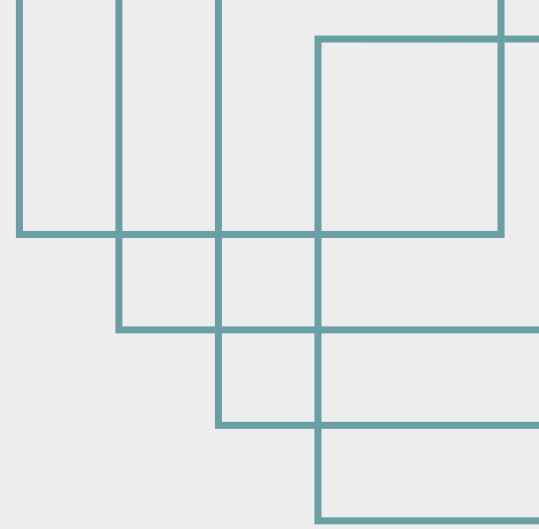
- **Statutory (similar to MA) or executive mandate**
 - At the point where a child with PSB encounters systems-child welfare, supporting diversion programs for PSB
- **As a matter of practice when youth with PSB change context**
 - Stepping down into less-restrictive residential settings
 - Youth with PSB history or IEP-based behavioral plans changing school systems
- **Integration into school-based Title IX structures**
 - To design equitable supportive accommodations
 - Safety planning and re-entry post-sanction
- **Private practice use with any child or adolescent with identified PSB (or family practice with caregivers or siblings)**



Accessing the M-CAAP



The Interactive M-CAAP Tool



- The M-CAAP is available for download as an interactive Microsoft Word document in English and Spanish.
- The “boilerplate” text will be locked and cannot be changed or modified by users.
- However, each item and checklist has an interactive open text box, which allows for entry using all word processing features.
- The interactive M-CAAP also has instructions for the evaluator throughout the protocol, which can be seen by evaluators on their computer screens but will not print out or appear in the printed evaluation report.
- However, as instructions are in “hidden text” they must be switched on in order to be visible to the evaluator.

Accessing **the M-CAAP**



You Give Us:

- Some baseline information about your practice and intended use of the M-CAAP
- Consent to follow up periodically to gather additional usage (not client) data from you

We Give You:

- ***The interactive M-CAAP!***



MASOC/MATSA Joint Conference

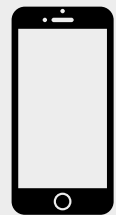
April 9th & 10th - virtual



Contact Us



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- **M-CAAP case consultation webinars**
- **Monthly Lunch and Learn**
- **Virtual conferences**
- **Research to practice newsletter**

Citations

Barra, S., Bessler, C., Landolt, M. A., & Aebi, M. (2018). Testing the validity of criminal risk assessment tools in sexually abusive youth. *Psychological Assessment*, 30, 1430-1443.

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